



PEC UPDATE

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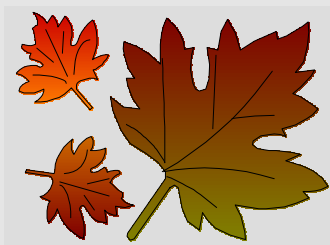
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The PEC welcomes your
questions and comments
about the PEC Update, TSF,
PDLs, treatment guidelines,
and DUE criteria.



From the Mailbag.....

PEC Q & A

Q: Our military medical treatment facility (MTF) pharmacy receives many prescriptions written by civilian, non-MTF providers. How can we include these prescriptions when we conduct drug utilization evaluations (DUEs) to insure appropriate use of our formulary medications?



A: This question is an important one to address because of the potential cost implications associated with it. Drug utilization evaluations within the MTF are fairly straightforward and easy to conduct because the prescribers are accessible for education and follow-up when discrepancies or inappropriate uses are identified. However, prescribers outside the MTF setting provide a challenge to the Pharmacy & Therapeutics Committee to determine if appropriate prescribing practices are being followed.

Several facilities have recently implemented protocols to conduct DUEs to determine if the MTF formulary guidelines are being followed by non-MTF providers. Two examples are described below.

Ireland Army Community Hospital Managed Care Program

Carolyn Chou, Pharm.D., ambulatory care pharmacist at Ireland Army Community Hospital, has worked with her Chief of Pharmacy to implement a program, similar to one implemented at Scott Air Force Base, to influence cost-effective prescribing of high cost gastrointestinal drugs and provide the MTF with DUE data.

To increase non-MTF provider awareness of prescribing guidelines for omeprazole (Prilosec®) and famotidine (Pepcid®), prescribers are notified through a special request form (justification letter). Key elements of the program include: 1.) a patient information letter explaining the program and listing alternative treatments; 2.) specif-

ically stated prescribing criteria printed on the physician's justification letter; and 3.) a release of information form to allow review of the patient's private medical records for DUE purposes.

Follow-up DUEs will give the MTF an opportunity to assess both the physicians' rate of compliance and the budgetary impact of promoting prescribing guidelines to non-MTF prescribers.

Madigan Army Medical Center Point of Service DUR

A pilot study was recently conducted by CPT David Whaley, Pharm.D., during his residency at Madigan Army Medical Center (MAMC). The study included a prospective evaluation of targeted prescriptions at the point of service, with prescriber contact before dispensing.

A review of prescriptions filled by prescribing source indicated that 22% of outpatient drug expenditures at MAMC were generated by civilian (non-MTF) prescribers (Figure). Increasing the non-MTF providers' awareness of the MAMC prescribing guidelines was expected to lead to improved quality of care and decreased pharmacy drug expenditures.

In the MAMC program, all civilian prescriptions were screened by a clinical pharmacist. For certain targeted drugs, this "interventionist" pharmacist reviewed the patient's medication profile (prior usage history), laboratory, and appointment data as reflected in the hospital's computer system. If the prescription appeared to meet MAMC prescribing guidelines, it was filled immediately. If the infor-

mation led the pharmacist to believe that the drug was not being prescribed according to guidelines, the non-MTF prescriber was contacted and notified of MAMC prescribing guidelines for the drug in question.

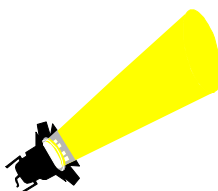
The program has showed favorable results. The first 6 weeks of the program resulted in 268 prescription changes for a total of \$20,810 in drug acquisition cost avoidances. The second 6 weeks of the pilot program resulted in 460 prescription changes for a drug acquisition cost avoidance totaling \$27,941. The average drug cost avoidance per day for the first and second 6-week periods was \$867 and \$902, respectively. This program is projected to save over \$235,000 annually if continued.

The hard data collected in this pilot study showed a significant drug cost avoidance for prescriptions changed. Additional data are needed to determine whether these interventions resulted in improved outcomes for the patients involved.

The programs described here are just two examples of ways to establish DUE for non-MTF providers. As more facilities adopt similar DUE programs, the greater the savings within the DOD. For more information about these programs, please contact Eugene Moore, Pharm.D., at the PEC at (210) 221-4311 or DSN 471-4311.

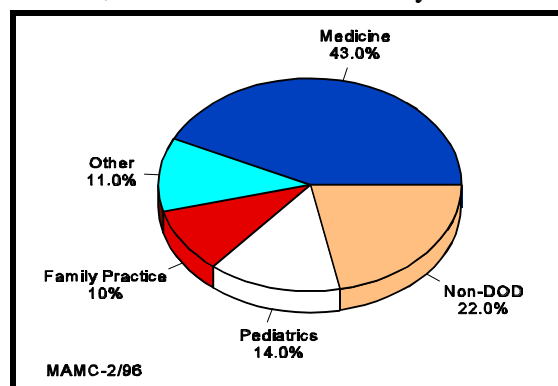
ACP Practice Spotlight:

Fort Gordon, Georgia



Dwight David Eisenhower Army Medical Center (DDEAMC) at Fort Gordon, Georgia is the practice site of

Nancy Burkhalter, Pharm.D. Dr. Burkhalter has been at Eisenhower since December 1994, and has greatly contributed to patient care during her tenure. Most recently, Dr. Burkhalter has become involved in several disease management projects. Highlights



Figure—Madigan Army Medical Center Drug Costs by Prescribing Source, February 1996

from some of these projects are described below.

- ▶ Dr. Burkhalter chaired a multidisciplinary process action team to develop a treatment algorithm for **Gastroesophageal Reflux Disease (GERD)**. The team decided on a 3-phase treatment strategy for recurrent heartburn symptoms and developed teaching materials for both prescribers and patients. This algorithm is expected to improve care for DDEAMC patients who suffer from GERD and to reduce H₂ antagonist usage.
- ▶ Dr. Burkhalter also was on a process action team that developed an **asthma management program**. The hospital database was used to identify the asthma patients who most frequently visit the emergency room (ER) for asthma related problems. These patients, as well as all newly diagnosed asthma patients, receive intensive patient education and asthma management from designated hospital personnel. This program is expected to improve treatment outcomes as well as provide the MTF with cost savings from decreased asthma related ER visits.
- ▶ Additionally, Dr. Burkhalter is a member of the process action team to develop a treatment algorithm and intervention program for *Helicobacter pylori* infection. The goal is to improve quality of care for patients with chronic gastric or duodenal ulcer by identifying and treating patients whose GI symptoms are potentially related to *H pylori*.

These programs exemplify the role that an ambulatory care pharmacist can play in a facility's disease management programs. Pharmacists interested in setting up similar systems at their facilities may contact Dr. Burkhalter at DSN 773-7058, or COM (706) 787-7058.

PEC Disease State Reviews and Guidelines Index

This index provides a complete listing of the disease state reviews and treatment guidelines published in PEC Updates. The guidelines can be obtained directly from the PEC or downloaded from the PEC Home Page on the Internet at:

< <http://www.ha.osd.mil/hppec2.html#Start> >

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